

Community Emergency Response Team (CERT)



Program Forms



Albuquerque Checklist for Disaster Volunteers

To Be Completed by the Volunteer:

- Online NIMS course completed and verification provided to Citizen Corps office.
 - See enclosed information sheet
- Background check release form completed and submitted to Citizen Corps office.
 - Background investigations will be completed by the Office of Emergency Management, with an average turn-around time of one week. All information is confidential.
- Release from liability form completed and submitted to Citizen Corps office.
 - This form will be kept on file with Citizen Corps.
- Contact information verification form completed and submitted to Citizen
 Corps office.
 - Please provide as many phone numbers as possible so we may reach you quickly in an emergency.
- ID request form submitted to Citizen Corps office.
 - Volunteers will be notified when the background check has been completed and can obtain their IDs two weeks after that date.
- ID obtained at Office of Emergency Management.
 - Located at Office of Emergency Management, 11510 Sunset Gardens SW and open Monday through Friday, 8 a.m. to 5 p.m.; ID can be made in approximately 10 minutes.
- At least 1 hour of volunteer activity per quarter logged with Citizen Corps.
- Basic CERT course completed (optional but recommended).

All forms can be returned to Citizen Corps in person, by fax or by mail.

Office: Albuquerque Citizen Corps

Office of Emergency Management

11510 Sunset Gardens SW Albuquerque, NM 87121

Office: 833-7248 Fax: 505-833-7374

Email: EMMaestas@cabq.gov

Albuquerque CERT Member Personal Information																		
Title:	First Name:						MI:		Las	st Na	ime:	ə:						
Address:							City:					State:	State: Zip:			p:		
Telephone Home:								Work:					Fax:					
Numbers: Pager:							Сє	Cell:										
Driver's License #						State					SSN							
Email Address:																		
**Applicant – Fill out shaded areas only																		
CERT Type: (Check all that apply)																		
□ CERT- NBH				ERT	ERT- D C			ERT- CERT- GOV		□ CERT- UN		□ CERT-Y						
Region Name: Name of S							of S	Sub-Division (neighborhood):										
Team Affiliation	☐ Yes ☐ No CER				CER	T Name:							Team #:					
Reg. Complete		□ Yes □ No			Wa	iver S	Signe	ed	□ Ye	es	S □ No Team Lea		am Lead	der		Yes		No
Training Comp	Training Completed																	
Basic CERT Co	urse	Comple	eted			Yes			o Date Course Completed:									
		1																
Certificate Issued ☐ Yes					No							□ No						
Date Basic Cou	rse 1	:			ı			Da	ate Basic Course 2:									
Fire Supp. Completed ☐ Yes					□ No			S&R Completed □ Yes			Yes		□ No					
Date Refresher Course # 1:							Date Cont. Ed. Course # 1:											
Date Refresher Course # 2:							Date Cont. Ed. Course # 2:											
Date Refresher Course # 3:							Date Cont. Ed. Course # 3:											
Date Refresher Course # 4:							Date Cont. Ed. Course # 4:											
Date Drill # 1:							Date Activation #1:											
Date Drill # 2:							Date Activation #2:											
Date Drill # 3:							Date Activation #3:											

Privacy Statement: The City of Albuquerque requests this personal information for purposes of correspondence or for conducting City business. The City of Albuquerque does not share this personal information with anyone outside the City of Albuquerque nor disclose personal information to any third party. Users are cautioned that this information may nevertheless be subject to disclosure to any New Mexico citizen under the New Mexico Inspection of Public Records Act (Section 14-2-1 et seq. NMSA 1978) or pursuant to a court order.

ALBUQUERQUE CITIZEN CORPS AUTHORIZATION AND RELEASE

I,, am under consideration for an appointment to a volunteer organization affiliated with the City of Albuquerque, i.e. Albuquerque Citizen Corps or Community Emergency Response Team (CERT), and in consideration thereof, I have signed this Authorization and Release below.
I authorize any and all governmental agencies to release to the City of Albuquerque or the Office of Emergency Management, all records related to any criminal investigation concerning me.
I release the City of Albuquerque and the Office of Emergency Management from any and all liability arising out of the release of the information specified above and agree to defend and hold them harmless for all damages costs and attorney's fees that may occur as a direct or indirect result of the release of the information specified above.
I further authorize the City of Albuquerque or any member of the Office of Emergency Management to verify the accuracy of all information provided to the City of Albuquerque or the Office of Emergency Management in regard to my appointment.
(print name)
Signature of Applicant
Date of Birth Social Security Number
Drivers License Number
State of New Mexico)) County of Bernalillo)
The foregoing Authorization and Release was sworn to and acknowledged before me, the undersigned notary public, by, this day of, 200
Notary Public
My Commission Expires:

*Please fill out and return to: City of Albuquerque Emergency Management CERT Coordinator 11510 Sunset Gardens SW, Albuquerque, NM 87121 fax (505) 833-7374

ALBUQUERQUE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM WAIVER & RELEASE OF LIABILITY AGREEMENT

Signature of CERT Representative	Date
Emergency Contact Name	Emergency Contact Number
Signature	Date
from all claims, judgment and costs, including reimburse them for any expenses whatsoever result of my participation in CERT activities. ASSUMPTION OF THE RISK. I understand a inherently dangerous and that participation will includes a potential risk of personal injury and AND VOLUNTERILY ASSUME THE RISK OF	ncil, and their agents and personnel HARMLESS but not limited to attorneys' fees, and to incurred in connection with an action brought as a nd acknowledge that CERT activities are I involve active physical participation, which for personal property damage. I EXPRESSLY DEATH OR OTHER PERSONAL INJURY RT ACTIVITIES WHETHER OR NOT CAUSED of City of Albuquerque, Albuquerque Office of the Fire Department, Albuquerque Citizens I including but not limited to equipment
City of Albuquerque, Albuquerque Office of En Fire Department, Albuquerque Citizens Corps damages or other losses sustained as a result	nergency Management, the City of Albuquerque Council, and their agents and personnel for
Albuquerque Office of Emergency Manageme Albuquerque Citizens Corps Council, and their	agents and personnel, from any and all liability, y hereafter have for injuries or damages arising if caused by negligence or other fault of the
I,Albuquerque Community Emergency Respons	, hereby volunteer to participate in the se Team (CERT) program.

Albuquerque CERT Volunteer Information Verification

Name:				
Home Addres	ss:			
City, Zip:				
Home Phone	e:			
Work Phone:				
Cell Phone: _				
Pager:				
Year of Birth:	:			
Gender:	М	F		
Veteran:	Yes	No		
	•		ssion to share this information with other of	disaster
response age	encies on a	a temporary basis	in the event of an emergency/disaster.	(Initials)
				(IIIIIIais)

ALBUQUERQUE CERT INSTRUCTOR BACKGROUND QUESTIONNAIRE

NAME:							
Address:	Work Phone:						
	Home Phone:						
	Fax:						
Employer:	Email Address: (if available)						
Place a check next to all areas that you have pas	st experience.						
 □ CERT Program □ Fire safety and fire suppression □ Hazardous materials safety □ Emergency medical triage & treatment □ Search & rescue techniques and markings 	 ☐ Incident Command System (ICS) operations ☐ Disaster psychology ☐ Exercise controller ☐ Other: (List) 						
Please list your past training presentation experience.							
Place a check next to all areas that you wish to be con	sidered for.						
 □ Lead Instructor □ Co-Instructor for: □ Emergency Preparedness □ Fire Safety/Hazardous Materials □ Emergency Medical Operations 	□ Exercise Safety Officer□ Light Search and Rescue□ Disaster Psychology						
Your Signature:	Date:						

ALBUQUERQUE (CERT) TRAINING/WINTER 2006

I would like to register for the eight-session CERT training and would like to attend:							
□ Tuesday/Thursday [DATES HERE]							
☐ Saturday mornings [DATES HERE]	□ Saturday mornings [DATES HERE]						
☐ I am unable to attend the training during these times, but please contact me about future CERT training.							
Please Print Clearly:							
NAME:							
STREET ADDRESS:							
CITY:	STATE:	ZIP:					
NEAREST CROSS STREET TO YOUR HOME ADDRESS:							
TELEPHONE (DAY): (EVENING):							
EMAIL AT WHICH YOU WANT TO RECEIVE CERT INFORMATION:							
Please mail this form (one registration per form, please) to:							
City of Albuquerque Emergency Management Attn: CERT Coordinator 11510 Sunset Gardens SW Albuquerque, NM 87121							